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## APPLICANTS

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 \*\* CONTINUING DATA \*\*\*\*\* *None M.T.*

 \*\* FOREIGN APPLICATIONS \*\*\*\*\* *None M.T.*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 5	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance	EXAMINER'S SIGNATURE <i>[Signature]</i>	INITIALS <i>M.T.</i>		
Verified and Acknowledged				

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## TITLE

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